Professional Help-seeking Attitudes among Latter-day Saints: The Role of Gender, Distress, and Religiosity

by

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ABSTRACT

Factors of gender, marital status, and psychological distress are known to be related to help-seeking attitudes. This study sought to explore and understand the relations between gender, marital status, religiosity, psychological distress, and help-seeking attitudes among members of the Church of Jesus Christ of Latter-day Saints (Mormons). The moderating effect of religious commitment on psychological distress and attitudes towards seeking professional help was explored through an online survey of 1,201 Latter-day Saint individuals. It was predicted that gender and marital status would predict distress and helping seeking attitudes and that religiosity would moderate the relation between distress and help-seeking attitudes among religious individuals, with individuals who experience high distress and low religiosity being more likely to seek help than individuals with high distress and high religiosity. Participants completed the Kessler Psychological Distress Scale (K-10), Religious Commitment Inventory-10, and the Attitudes Toward Seeking Professional Psychological Help-Short Form online. Multiple hierarchical regressions were used to test the study hypotheses. Although the accounted for variances were small, gender was the most significant variable associated with both distress and help seeking. Females reported higher distress and being more willing to seek psychological help than did males. Religiosity did not moderate the relation between distress and help-seeking attitudes. These findings are discussed in light of previous research and gender role schemas as relevant to Mormon culture.

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

THE PROBLEM IN PERSPECTIVE

The unique history and social position of the Church of Jesus Christ of Latter-day Saints, also referred to as Mormons or Latter-day Saints (terms used interchangeably in this paper), in both the American religious and physical landscape provide reasons for this group to receive research attention. Historically, the Latter-day Saint church may be able to claim to be the earliest religious group to face American government-approved discrimination and oppression (Hartley, 2001). Along with their shared religious practices, the Latter-day Saint community has a history of persecution-based migration and distrust of outsiders (Toney, Keller, & Hunter, 2003). This in-group/out-group dynamic has impacted the way that Mormon people seek psychological services, forming an institutional preference for clinicians' familiar with and sensitive towards Mormon culture and placing Bishops of local congregations as middlemen to refer church members for services (Allen & Hill, 2014; Handbook 2, 2010). Given the strong influence that the Latter-day Saint religious culture has on its members and their behaviors, this study examined the relations between religiosity, psychological distress, and attitudes towards professional psychological help-seeking among Latter-day Saint church members in an attempt to understand whether these factors contributed to Latter-day Saint help-seeking attitudes.

The Church of Jesus Christ of Latter-day Saints is an international organization, and in the United States, the 2010 U.S. Religion Census (Grammich et al., 2012) found that Latter-day Saints had about 13,601 congregations consisting of an estimated 6,144,582 adherents. This is roughly equal to 2% of the overall American religious

population. While Latter-day Saints are found across America, there is a distinct Mormon cultural region (MCR) in the American west (Flanders, 1975; Hunter, 1939; Quinn, 1984; Toney et al., 2003), which is a triangular region north to south including Idaho, Utah, and Arizona, and stretching west into San Bernardino, California. In a 40-year analysis of economic, social, and demographic characteristics of the MCR, Toney et al. (2003) found that the MCR was distinct in several areas from the general United States. Some of these include abstaining from alcohol and tobacco and an increase in family-centered values. Mason, Toney and Cho (2011) suggested that acculturation may explain how these religious values potentially provide spillover health benefits for residents in high Mormon regions, even if the individuals are not members of this church or ascribe to its views. Despite the benefits that this religious culture seems to bring to the general population, a distinct group difference has been found between Mormon and non-Mormon engagement in mental health treatment. Mormons appear to seek professional psychological help for mental-health related distress at lower rates than do non-Mormons (Merrill & Salazar, 2002).

Mental health is a serious concern for Americans. The Center for Behavioral Health Statistics and Quality (CBHSQ, 2015) estimated that over 18% of Americans suffer from mental illness. An additional 5% of the population can be categorized as experiencing emotional distress resulting from unmet psychological needs (CBHSQ, 2016). Only a small percent of these individuals, however, receive help from a mental health professional. Specifically, in 2005 Wang et al. reported that only 16% of emotionally distressed individuals reported receiving help from a mental health professional (psychologist, counselor, or social worker), and in 2016 the CBHSQ

reported that only 14% of distressed adults received mental health treatment/counseling.

Comparatively, a study by Merrill and Salazar (2002) revealed that only 6% of Mormons who were active in their religion reported seeking help from a mental health professional, while 12% of less religiously active Mormons respondents sought counseling. This difference in help-seeking between the general population and active Mormons is potentially staggering. The similarities in help-seeking between the general population and less active Mormons as compared to active Mormons raises the question about the influence of religiosity on attitudes towards psychological help-seeking among Mormons. First, however, the extent to which psychological distress is an issue must be addressed.

Psychological Distress

Global, non-specific psychological distress relates to a broad spectrum of psychophysiological, behavioral, cognitive, and emotional symptoms (Kessler et al., 2002) that are indicators of emotional discomfort and potential psychiatric diagnoses. Detailing the distress symptoms that may influence the affect and psychological wellbeing of an individual, Jokela et al. (2011) noted that psychological indicators of worry, sadness, tension, and intrusive thoughts, as well as somatic complaints and uncontrolled behaviors, are general descriptions of psychological distress. Coyne (1994) stated that distress is less pervasive than depression, is less likely to be tied to dramatic life events, and does not occur over as lengthy a period of time. Distress is generally used to gauge the overall mental health of both individuals and research populations (Drapeau, Marchand, & Beaulieu-Prévost, 2011).

Psychological distress and its measures are heavily weighted towards depressive and anxious symptoms and predominantly address cognitive functions, as this domain is reported to be most commonly impacted by psychological distress. (Kessler et al., 2002). However, Fechner-Bates, Coyne, and Schwenk (1994) provided evidence that distress is different from psychiatric diagnoses such as depression and cautioned against conflating distress with other distinct clinical disorders. Rather than being diagnostic, tools used to measure psychological distress typically indicate its severity (Derogatis, 1993; Halstead, Leach, & Rust, 2007; Kessler et al., 2002). For example, Coyne (1994) reported that individuals may vary in self-reported distress levels, while depression diagnoses remained stable. Not only does increased distress negatively impact quality of life (Brenes, 2007), psychological distress provides a starting point to examine the mental health of groups and individuals, in that it is an indicator of potential mental illness diagnosis (Andrews & Slade, 2001; McIntosh, Poulin, Silver, & Holman, 2011).

In a meta-analysis of studies regarding distress among medical students, Dyrbye, Thomas, and Shanafelt (2006) looked at systemic indications of distress. They found that among all college students, graduate school students in general and female medical school students in particular had the highest psychological distress scores. Among these students, those in supportive marriages reported less distress than did their single counterparts, although depression in addition to their assessed distress was diagnosed in married couples. Furthermore, Jokela et al. (2001) found that a consistent history of psychological distress predicted poor patterns of future mental health. Factors that increased risk of psychological distress included low socioeconomic status, gender, and marital status.

According to Cook (1990) as well as Wong, Owen, and Shea, (2012), general differences in psychological distress between males and females is based on their context and cultural norms of gender socialization. It appears that brief daily episodes of distress occur more among females than males, where men experience more persistent periods of decreased psychological well-being that increases their psychological distress (Almeida, & Kessler, 1998; Good et al., 1995; Sharpe & Heppner, 1991; Villeneuve et al., 2014).

Following Coyne's (1994) description that psychological distress stems from common daily events, Villeneuve et al. (2014) found that married males presented as less distressed than did married females. Papp, Goeke-Morey, and Cummings (2007) suggested that male distress levels in a marriage can act as a "barometer" and best reflect the couple's overall relationship quality and that "distress in intimate relationships is a leading motivation for an individual to seek psychological treatment" (p. 535), intonating a relation between distress and willingness to see help. Along with these gender-related findings, marriage has been determined to be a general protective psychological factor to reduce distress and increase well-being for individuals (Horwitz, White, & Howell-White, 1996; Marks, & Lambert, 1998; Uecker, 2012; Villeneuve et al., 2014). This literature indicates that two demographic factors that may affect psychological distress are gender and marital status. In the Latter-day Saints religion, gender dogmatically influences privileges in the church, and marriage is a sacred sacrament. For example, priesthood authority is patriarchal and equated with leadership roles; additionally, marriage is considered a religious ritual needed for spiritual salvation (Family, 1995). Therefore, research on Mormons benefits by take these two demographic factors into consideration.

Less prevalent in the literature are studies examining the relation between distress symptomology and belief in religious or spiritual systems. Using the 9/11 attacks as a point of general distress, McIntosh et al., (2011) examined the impact of distress and religiosity on health. There was a strong positive relationship between overall wellbeing and religiosity. Furthermore, higher religiosity was associated with fewer symptoms of community distress, (i.e., mental illness diagnosis). McIntosh and colleagues theorized that these findings were due to the social connectedness of a religious community being a protective factor.

One shortcoming of research on religiosity is that it is overly broad and general. Only a few researchers have examined distinct religious denominations as cultures and a population when exploring distress. Feinson and Meir (2015) discussed mental health among Jewish female abuse survivors and found that religiosity did not mitigate the effects of childhood trauma. Examining the relation between sexual orientation and wellbeing among Jews, Harari, Glenwick, and Cecero (2014) found that religiosity (defined as beliefs, participation in community, rituals, and religious entertainment) was positively correlated with well-being in heterosexual Jews. For homosexual Jews, Harari et al. concluded that "the relationship between religiosity and well-being is a more nuanced, complex process that can yield positive, negative, or no correlations with well-being depending on the facet of religiosity being examined" (p. 894). The mental health, distress, and resilience of survivors of Catholic Church child abuse were the topics of study for Lueger-Schuster et al. (2014). They found that survivor distress due to institutional abuse was severe and that the typical social protective factors of community were not present in their sample. Unfortunately, aside from the childhood institutional

affiliation, Lueger-Schuster et al. failed to explore current religiosity of the survivors, so the role current religiosity played in distress is unknown.

Alluding to overall positive health outcomes in a Mormon community study, Merrill and Salazar (2002) described associations among self-reported, positive mental health and church attendance for Mormon participants. Merrill and Salazar reported increased odds of experiencing poor mental health for non-Mormons and Mormons less-active in the church as compared to the regularly church-attending Mormon participants. Unfortunately, this study failed to use a validated measure of distress, thus limiting the usefulness and generalizability of the findings.

Generally, Latter-day Saints may experience many of the typical psychological concerns that the secular population experiences. For example, interpersonal problems and depression are probable domains affecting overall psychological distress for Latter-day Saints (Koltko, 1990). For the general population, Papp et al. (2007) found that interpersonal problems may relate to psychological distress symptomology, and research by Hardy, Tracey, Glidden-Tracey, Hess, and Rohlfing (2011) further supports that psychological distress has "implications for internal, interpersonal and social domains of symptomology" (p. 231). As noted by Gulliver, Griffiths, Christensen, and Brewer (2012), understanding general group distress can provide insight about individual member's contextual issues related to help-seeking and can provide evidence about how similar the group is to the general population. Research by Norcross and Prochaska, (1986), as well as by Vogel and Wei (2005), reinforced findings that linked social relationships, distress, and willingness to seek help. Since embedded religious culture carries social implications, religiosity may affect how distress is perceived, particularly

by Latter-day Saints. If Mormons mirror the general population, then one would expect to find that individuals who perceive themselves as more highly distressed would be more likely to express more positive attitudes towards seeking professional help for their concerns.

Attitudes towards Help-seeking

Evidence suggests that the actual presenting problem has little influence on an individual's intention to seek help. Hess and Tracey (2013) found that positive outlook, perceived normality of the issue, and the client's self-control were essential variables in determining the intention to seek help, but the actual issue had little impact. In other words, problems such as alcohol abuse, depression, or career concerns were all equally motivating reasons for someone to seek counseling. Furthermore, Sheffield, Fiorenza, and Sofronoff (2004) demonstrated that those who expressed higher levels of distress, as well as displayed more adaptiveness and fewer barriers in their support system, were more likely to seek help. Vogel, Wade, Wester, Larson, and Hackler (2007) also determined that of those who sought psychological counseling, approximately 94% knew someone who had been in counseling, and 75% were referred for therapy by someone they knew. Additionally, gender has apparent influence on help-seeking attitudes in that females are more inclined to seek help than are males (Lucas & Berkel 2005; McCarthy & Holliday, 2004; Sheffield et al. 2004, Wahto & Swift, 2016).

Among a diverse sample of American university students, the strongest predictors of seeking help included having European heritage and being female (Kuo, Kwantes, Towson, & Nanson, 2006). Differences in gender and attitudes toward help-seeking were explored by Vogel, Heimerdinger-Edwards, Hammer, and Hubbard (2011) who found

that men with unfavorable attitudes towards help-seeking were more likely to conform to traditional masculine norms. Williams, Skogstad, and Deane (2001) investigated distress and help-seeking attitudes among male prisoners and non-inmate male populations. Their findings indicated that the more aligned with traditional masculine stereotypes males were, the less open to counseling they would be. This gender effect, however, diminished in influence as distress increased. Similar findings among a non-offender sample indicated the pervasiveness of this gender trait. For example, in a study of males in corporate management positions, McKelley and Rochlen (2010) found that for career-established men, both counseling and executive coaching were viewed in a positive light; however, both this study and a twin-study by Sánchez, Bocklandt, and Vilain, (2013) found that as adherence to masculine norms increased, so did stigma towards counseling. These studies suggest that generally males are less open to counseling than are females and that higher distress levels are linked with more positive attitudes towards help-seeking regardless of gender.

Limited scholarship has focused on the attitudes towards help-seeking among religious people, and the limited findings are mixed. Miller and Eels (1998) studied Christian college students and found that although participants who scored higher on religiosity measures reported less stigma towards help-seeking they indicated that they lacked confidence in the counseling alliance. In a similar vein, Royal and Thompson (2012) found that their sample of Protestant Christians had negative expectations about the efficacy of therapy outcomes. However, they supported help-seeking for pervasive psychological distress. These studies suggest that religiosity may influence attitudes towards help-seeking from mental health professionals.

Looking at attitudes towards seeking help from mental health professionals, Abe-Kim, Gong, and Takeuchi (2004) found that their self-identified religious participants were equally open to counseling by a mental health professional or by a clergy member; however, as pervasive symptoms increased, professional care was more likely. Abe-Kim and colleagues theorized that their findings reflected a distinction between intrinsic and extrinsic religiosity. They drew the conclusion that intrinsic religiosity, which they defined as spirituality, was linked with lower psychological distress symptoms and decreased help-seeking. In a qualitative study, participants who self-identified as highly religious disclosed that if they knew a mental health clinician outside of a professional relationship, they would be more inclined to seek professional help from that specific provider (Moreno & Cardemil, 2013). The issues for which these people were likely to seek help were predominantly biological in nature such as autism or were related to a chronic mental illness such as depression.

Currently, there has been little research exploring help-seeking attitudes within the general Mormon community. In one of the few studies examining Mormon and non-Mormon populations, Merrill and Salazar (2002) found that non-Mormons sought psychiatric care more often than did Mormons. The probability of utilizing professional help for mental health concerns was higher for Mormons who were less active in the church and for non-Mormons, as compared to active, church-attending Mormons. The authors theorized that Mormon community and cultural engagement factors could be protective against mental health concerns for Mormons, while non-religious and disengaged church members did not experience the same connections. Unfortunately, this study did not use an established measure for help-seeking attitudes, and the findings were

based on a single question regarding the respondent having been in counseling during the previous year, making the predictive value of the study limited.

A more recent study that explored the relations between maladaptive perfectionism, religious motivation, and mental health utilization among Latter-day Saint students found that increased perfectionism was related to negative help-seeking attitudes for Latter-day Saint students (Rasmussen et al., 2013). Regrettably, distress was not a factor examined. Although Lyon (2013) conceptualized that seeking counseling from a mental health professional is a matter of last resort for a distressed Mormon, the religiosity factor was not considered in Lyon's claim, and overall there is no literature providing support for this assertion. Further examination of the relation among Mormon religiosity, distress, and help-seeking would clarify possible interactions between these variables.

Summary and Purpose of This Study

The current body of research has provided insight into patterns of distress and resulting attitudes toward help-seeking. Distress has been validated as a psychological state (Coyne, 1994; Derogatis & Savitz, 1999; Fechner-Bates et al., 1994; Gulliver et al., 2012; Kessler et al., 2002) and has inspired the development of valid measures to assess the level and impact of its symptoms (Kessler et al., 2002). Gender and marital status have been related to distress (Villeneuve et al. 2014), and higher perceived distress has been found to be a predictor of increased participation in counseling (Kuo et al., 2006). Increased distress levels have also been linked to increased positive attitudes toward seeking professional counseling to resolve the distress (Tucker et al., 2013). McIntosh et al. (2011) noted that increased religiosity may act as a protective factor against distress

through social engagement. Furthermore, religiosity could possibly affect the help-seeking attitudes of distressed individuals based on the perspectives of their social groups and relationships: being a part of a peer group that is accepting of mental health counseling increases the likelihood of help-seeking among those who are distressed (Vogel et al., 2007). One such peer group could be one's religious community.

While the Latter-day Saint church has officially provided its clergy with policies on mental health counseling and for referring church members to outside counseling when necessary (Handbook 2, 2010), it was unknown whether gender, marital status, religiosity, or psychological distress has a significant effect on the help-seeking attitudes among Mormons. With lay-clergy being the traditional source of guidance and mental health referral for Latter-day Saints (Allen & Hill, 2014), it was also unknown whether there were general cultural attitudes toward help-seeking. Building on the literature, this study examined the relations between gender, marital status, religiosity, psychological distress, and attitudes toward help-seeking among the members of the Latter-day Saint religious community.

Hypothesis

The following hypotheses were posed:

Based on the research by Good et al. (1995), Almeida and Kessler (1998), Sharpe and Heppner (1991), Wahto, and Swift (2016), Wong, et al. (2012), and Villeneuve et al. (2014), it was predicted that gender and marital status would be related to psychological distress (Hypothesis 1a) and to help-seeking behavior among Mormon individuals (Hypothesis 1b).

Based on the findings of Williams et al. (2001), Abe-Kim et al. (2004), and

Sheffield et al. (2004), it was predicted that psychological distress would predict help-seeking attitudes among Mormon individuals above and beyond what is predicted by gender and marital status (Hypothesis 2).

Based on the work of Miller and Eels (1998), Abe-Kim et al. (2004), Royal and Thompson (2012), and Rasmussen et al. (2013), it was predicted that religiosity would moderate the relation between distress and help-seeking attitudes among Mormon individuals. For the interaction effect, it was expected that individuals who experience high distress and low religiosity would be more likely to seek help than would individuals with high distress and high religiosity (Hypothesis 3).

CHAPTER 2

METHOD

Recruitment

Upon approval of the study by the Arizona State University (ASU) Institutional Review Board (IRB, see Appendix A), participants were recruited for participation in the study. Respondents comprised a convenience sample of adult members of the Church of Jesus Christ of Latter-day Saints (Mormons) recruited on social media platforms and email listservs through snowball sampling. Inclusion criteria consisted of being over age 18, being baptized in the Church of Jesus Christ of Latter-day Saints, and religiously identifying as a Mormon. This population was accessed in three ways: 1) by posting the study flyer and survey link on Facebook groups for Latter-day Saints; 2) by emailing Latter-day Saint clergy and asking them to disseminate the survey link to their congregation members; and 3) by contacting Mormon bloggers and requesting that they post the recruitment letter and survey link on their blog. This approach enabled sampling of individuals with varying levels of religiosity who may not have been accessed by simply distributing the measures at a local congregation.

Based on Cohens (1988) suggestion, an a priori G*power analysis was preformed to determine recommended sample size. The a priori power analysis for a linear multiple regression fixed model assumed a medium effect size of .15, with alpha set at .05, and power of .95 with 5 predictors. The sample size needed was 138 participants for statistical analyses.

Participants

Participants first completed demographic information including questions about

inclusion criteria of being over age 18, having been baptized formally into the Church of Jesus Christ of Latter-day Saints, and currently considering their religious identity to be Mormon. A total of 1,541 adults over the age of 18 started to participate in the study. Of these, 1,348 completed the survey for a completion rate of 87.5%. Reasons for the incomplete questionnaires may have included length of time needed to complete the study, technology errors or issues, or unaccounted interruptions.

One criterion for inclusion in this study was religiously identifying as Mormon. Of those who completed the survey, 121 reported having formally joined the church through baptism but also reported that they no longer identified with the religious belief system and no longer considered themselves Mormon. As Mormon religious identity was an inclusion criterion of this study, these participants were removed from the study leaving a total of 1227 participants who had been formally baptized and identified as Mormon with varying levels of religious activity. Of these, 1043 (86.1%) identified as female, 169 (13.9%) as male, and 15 (1.2%) identified as transgender or non-binary. The number of participants identifying as transgender or non-binary was very small, and, therefore, these individuals were not included in the analysis. Of this reduced the sample of 1212 individuals the number of participants who were widowed (n = 11, .9%) was also very small and these individuals were excluded from the final participant sample.

The final remaining sample of 1,201 individuals (1032 females and 169 males) used to test the study hypotheses reported being married (n = 1011, 84.3%), single (n = 116, 9.7%), or having experienced marital disruption such as separation or divorce (n = 74, 6.2 %). The final study sample was dominantly heterosexual (n =1159, 96.5%) and White (n = 1117, 93%). Most of the participants had completed a bachelor's degree or

higher (n = 699, 58.2%). Eighty-nine percent of the sample stated they would seek professional counseling if their bishop referred them, and sixty-seven percent of this sample specified a high preference for a therapist who was informed of Latter-day Saints beliefs and practices. More detailed demographics for the study sample are presented in Table 1.

Procedures

Data were collected using SurveyMonkey. Upon receiving the recruitment letter (see Appendix A) directing them to the web-based survey software, prospective participants were provided with informed consent and given the choice to decline or participate in the study. They were also notified that upon completing the survey, they would be able to voluntarily enter their email address into a separate, confidential webform to enter a raffle for one $20 Amazon gift card. Upon consenting to participate in the study, the participants were then automatically directed to the study's questionnaire via the survey software.

Instrumentation

Demographics. The demographic sheet provided information on participant gender, marital status, education level, ethnicity, and orientation. Additionally, Mormon culture and religious information were gathered such as baptism, being married in the Latter-day Saint Temple ceremony, past missionary service, current ecclesiastical responsibilities ("callings"), and whether the individual had experienced a crisis of faith. Religious demographics assessed an individuals' involvement in the Mormon religious system. These demographic sheet is provided in Appendix B along with all other measures.

Table 1

Frequency Data for Final Sample

	Frequency	Percent
Gender		
Female	1032	85.9
Male	169	14.1
Sexual Orientation		
Heterosexual	1159	96.5
Lesbian/Gay	6	.5
Bisexual	28	2.3
Other	8	.7
Marital Status		
Single	116	9.7
Married	1011	84.3
Divorced/Separated	74	6.2
Race/Ethnicity		
African American	2	.2
Asian American	8	.7
Hispanic American	24	2.0
Hawaiian/Pacific Islander	11	.9
White	1117	93.0
Other	39	3.2
Self-Identified Church Involvement		
Disaffected/Disaffiliated	49	4.1
Inactive	58	4.8
Less Active	119	9.9
Active	975	81.2
Education		
High School/GED	46	3.8
Some college	295	24.6
College 2 yr degree	161	13.4
College 4 yr degree	433	36.1
Graduate/Professional degree	266	22.1
Parental Status		
No Children	202	16.8
Parent	999	83.2
Total	1201	100

Psychological Distress. Psychological distress was measured using the Kessler Psychological Distress Scale (K10; Kessler et al., 2002), which is a 10-item self-report measure designed to assess indicators of psychological distress. Sample questions include: "during the last 30 days, about how often did you feel so nervous that nothing could calm you down?" and "during the last 30 days, about how often did you feel worthless?". Response options, phrased as an inquiry about how often distress symptoms had been experienced within the previous 30 days, ranged from "1" (None of the time) to "5" (All of the time). The responses across the 10 items were summed to create a distress total score with higher scores indicating more psychological distress. Calibration studies have indicated that scores under 20 indicated low distress, a score of 20 to 30 reflected moderate distress, and over 30 indicated high levels of distress, as well as high probability of a mental disorder (Andrews & Slade 2001).

The K10 was developed using item response theory and validated on over 10,000 individuals. It has been found to have strong psychometric properties, including high internal consistency reliability ($\alpha = .93$, Andrews & Slade, 2001; Kessler et al., 2002). The Cronbach's alpha for the current study was .90.

Religiosity. Religiosity was assessed by two measures. First, generalized religiosity was measured using the Religious Commitment Inventory-10 (RCI-10, Worthington et al., 2003). The RCI-10 is a short (10-item) measure designed to assess the degree to which a respondent "adheres to his or her religious values, beliefs, and practices, and uses them in daily living'' (Worthington et al., 2003, p. 85). Sample items include ''my religious beliefs lie behind my whole approach to life'' and "I enjoy spending time with others of my religious organization". The Likert-type response

format ranges from “1” (not at all true of me) to “5” (totally true of me). A total score is derived by summing responses across the 10 items with a score range of 10 to 50. Higher scores indicate greater religiosity. The measure was initially normed on over 1300 individuals including students, clients, and counselors in university and community settings. Although the RCI-10 can yield subscales for intrapersonal and interpersonal religious commitment, Worthington et al. advised against subscale use in research, stating that due to the high intercorrelations between the subscales in the groups they sampled “the one-factor model is preferable” (p. 93). Worthington et al. reported a Cronbach’s alpha of .92 for the RCI-10 and a Cronbach’s alpha of .87 in a 3-week follow-up. Subsequent research has reported Cronbach’s alphas ranging from .94 to .97 (Davis et al., 2015; Friedlander et al., 2010; Post & Wade, 2014) for responses to the 10-item scale. For the current study, the Cronbach’s alpha for responses to the RCI-10 items was .90; the interpersonal commitment subscales’ Cronbach’s alpha was .80 and the intrapersonal commitment subscales’ Cronbach’s alpha was also .80. The two subscales were highly correlated at .79.

Second, distinct Latter-day Saint religiosity was measured using the Latter-day Saints -specific subscale of the Dimensions of Religiosity Scale (DOR; Cornwall, Albrecht, Cunningham, & Pitcher, 1986). Developed on a nationwide sample of 1,872 Latter-day Saint individuals who attended and participated in Latter-day Saint church services with varying levels of activity, the 34-item DOR yields 7 subscales that measure dimensions of religiousness (Cornwall et al., 1986). For this study, the 4-item Latter-day Saint specific Particularistic Orthodoxy subscale was administered to determine how much respondents agreed with key tenants of Latter-day Saint theology. A sample

question includes: “The Book of Mormon is the word of God”. Response options are recorded on a 5-point Likert-type scale ranging from “1” (strongly disagree) to “5” (strongly agree). The subscale is scored by summing and averaging the responses. Higher scores reflect greater belief in key tenants of Latter-day Saint theology. Cornwall et al. (1986) reported an internal consistency of .92 for the Particularistic Orthodoxy subscale. The current study found the Cronbach’s alpha to be .95.

Attitudes towards help-seeking. Willingness to seek help through counseling was measured using the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form, (ATSPPHS-SF; Fischer & Farian, 1995), which is a shortened version (10-item measure) of the original 30 item scale (Fischer & Turner, 1969). Sample items include “The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts” and “A person should work out his or her own problems; getting psychological counseling would be a last resort”. The Likert type response format ranges from “0” (disagree) to “3” (strongly agree). Items 2, 4, 8, and 9 are reverse scored, and then a total score is derived by summing responses across the 10 items. A higher score indicates more positive attitudes towards professional counseling. The measure was initially normed on 462 college students. For this norm group, the Cronbach’s alpha was .84, and the correlation between the original scale and the short-form was .87. For the current study, a slight modification to the scale was made by replacing the word “psychologist” with “mental health counselor”. The Cronbach’s alpha for the current sample was .75.

Data Analysis Plan

Data analysis was conducted using SPSS version 24. The online survey monkey software used to gather data for this study required an answer for each item before allowing participants to advance to another item. Because of this, no missing data were found. Categorical variables, gender and marital status, were dummy coded. Males were coded 1, and females were coded 2. Marital status was likewise dummy coded, with single coded 1, married coded 2, and marital disruption (separated/divorced) coded as 3.

First, standard descriptive statistical data (means, standard deviations, and normality) for the study variables were calculated. Each measure was examined for normality, and the distributions for each scale were skewed (see Table 2).

Transformations improved normality for all measures except the Latter-day Saint Dimensions of Religiosity (DOR) measure, which was found to have a severe, negative skew (see Table 2). In addition to the uncorrectable skew the scores of the Dimensions of Religiosity of the DOR demonstrated invariance. The modal score for the DOR was 5 out of 5, with approximately 685 (57%) out of the 1200 respondents reporting perfect alignment with LDS theology, and 865 (72%) scored 4.25 or above. While these scores provided credibility to the sample being Mormon, the ceiling effect for the DOR threatened interpretation of main effects and interactions. Thus, the DOR was deemed unusable and dropped from the analysis of the hypotheses. A Log10 transformation was used for the K-10 distress scores and Square-Root Reflection transformations for the RCI-10 religiosity scales and the ATSPPH-SF help-seeking scores.

A series of multiple regressions were run to test the study hypotheses. All assumptions were satisfied for all tests, including linearity (assessed by a plot of

studentized residuals against the predicted values and partial regression plots) and independence of residuals (assessed by a Durbin-Watson statistic of ≈ 2). Homoscedasticity (assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values); and multicollinearity (assessed by tolerance values greater than 0.1).

Table 2
Measure Mean and Normality

Measure	Mean	SD	Skewness		Kurtosis	
			Statistic	SE	Statistic	SE
Raw K10	20.86	7.21	0.81	.071	0.19	.14
K10 Transformed	1.29	0.15	0.15	.071	-0.73	.14
Raw RCI-10	36.03	9.29	-0.66	.071	-0.34	.14
RCI-10 Transformed	3.67	1.24	0.02	.071	-0.67	.14
Raw RCI-Inter	17.75	5.02	-0.59	.070	-0.49	.14
RCI-Inter Transformed	2.73	0.91	-.022	.070	-0.71	.14
Raw RCI-Intra	18.31	4.75	-0.65	.070	-0.33	.14
RCI-Intra Transformed	2.63	0.88	0.05	.070	-0.74	.14
Raw ATSPPH-SF	20.48	4.78	-0.82	.071	0.43	.14
ATSPPH-SF Transformed	2.99	0.76	0.22	.071	-0.34	.14
DOR	4.33	1.08	-1.6	.071	1.45	.14

Note: N=1201. Distress = K10. Total Religiosity = RCI-10. Interpersonal Religiosity = RCI-Inter. Intrapersonal Religiosity = RCI-Intra. Help-Seeking = ATSPPH-SF. Latter-day Saint -beliefs = DOR. Transformations; Distress = Log10, Religiosity = Square-Root Reflection, Help-Seeking = Square-Root Reflection. The DOR was dropped from analysis due to uncorrectable skew.

Further, there were no influential points, determined by no studentized deleted residuals greater than ±3 standard deviations, no leverage values greater than 0.2, and values for Cook's distance above 1. Lastly, the assumption of normality was assessed by a Q-Q Plot and was met.

The first hypothesis predicted that gender and marital status would be related to distress (H1a) and to help-seeking (H1b). These two demographic variables were entered

into the first step of the hierarchical regression equation to predict distress (H1a), and then to predict help-seeking (H1b).

Hypothesis 2, which predicted the distress would predict help seeking, was analyzed through a hierarchical regression. First, to control for gender and marital status, they were entered in step one, and then distress was entered in step two.

Hypothesis 3 was tested by a hierarchical multiple regression. First, the two demographic variables, gender and marital status, were entered in step one. Psychological distress was entered in step two, total religiosity in step 3 and lastly, the interaction of distress and total religiosity in step four to predict help-seeking. The interaction variable was created by mean centering distress and religiosity and then multiplying the two centered terms to create the interaction term for the moderation analysis.

CHAPTER 3

RESULTS

Preliminary Analysis

Prior to testing the study hypotheses, the test scores for the study sample were scrutinized for normality by calculating a z-score statistic for skewness and kurtosis by dividing the values of skewness and kurtosis by their standard errors. These values were compared to a z-score of 2.58, translating to a conservative alpha of .01 in order to decrease the possibility of a Type 1 error. All measures were found to be skewed and with the exception of the Latter-day Saint-beliefs DOR scale, normality was improved through Log-10 and square-root reflection transformations. The measure means and standard deviations for the raw and transformed measures used in the analyses are found in Table 3.

Using the transformed scores, the Cronbach's alpha for each measure was computed. These internal consistency reliabilities are reported in the Instrumentation section of the Method chapter and below in Table 4. The correlations among distress, religiosity, and attitudes towards help-seeking were analyzed using Pearson's product-moment correlations to determine the strength and direction of the relation between variables. Of note, The RCI-10 subscales, intrapersonal and interpersonal religious commitment, were highly correlated, $r\,(1201) = .79$, $p < .001$. For the subsequent regressions analyses, Worthington's et al. (2003) suggestion to use the total composite score of the RCI-10 was followed, and in the analyses hereafter, "Religiosity" refers to the RCI-10 composite score.

Table 3

Measure mean scores by gender

Gender	Raw K10	Transformed K10	Raw RCI-10	Transformed RCI-10	Raw RCI-Intra	Transformed RCI-Intra	Raw RCI-Inter	Transformed RCI-Inter	Raw ATSPPH-SF	Transformed ATSPPH-SF
Male										
Mean	19.51	1.26	35.09	3.77	17.90	2.70	17.20	2.81	18.93	3.21
SD	07.10	0.15	09.75	1.30	04.86	0.89	05.35	0.95	05.72	0.88
Median	17.00	1.23	36.00	3.87	18.00	2.82	18.00	2.82	20.00	3.16
Female										
Mean	21.08	1.30	36.18	3.65	18.36	2.62	17.81	2.71	20.73	2.95
SD	07.20	0.14	1.23	4.56	04.71	0.87	04.95	0.90	04.56	0.74
Median	20.00	1.30	3.61	21.50	19.00	2.64	19.00	2.65	21.50	2.91
Total										
Mean	20.86	1.29	36.03	3.67	18.30	2.63	17.73	2.73	20.48	2.99
SD	07.21	0.15	09.29	1.24	04.73	0.86	05.01	0.91	04.78	0.77
Median	20.00	1.30	38.00	3.61	19.00	2.65	19.00	2.65	21.00	3.00

Note: Male N=169. Female N = 1032. Total N = 1201. Distress = K10. Total Religiosity = RCI-10. Religiosity Intrapersonal = RCI-Intra. Religiosity Interpersonal = RCI-Inter. Help-Seeking = ATSPPH-SF. Transformations; Distress = Log10, Religiosity = Square-Root Reflection, Help-Seeking = Square-Root Reflection.

Table 4

Cronbach's Alphas and Pearson Correlations for Study Variables

	α	Distress	Total Religiosity	Intra-Religiosity	Inter-Religiosity	Help-seeking	Gender	Marital Status
Distress	.90	1.00	.308**	.263**	.314**	-.083**	.084**	-.013
Total Religiosity	.90		1.00	.940**	.950**	-.057*	-.035	-.026
Intra-Religiosity	.80			1.00	.791**	-.065*	-.033	-.055
Inter-Religiosity	.80				1.00	-.044	-.036	.001
Helpseeking	.75					1.00	-.117**	-.009
Gender							1.00	.037
Marital Status								1.00

Note. N = 1201. Distress = K10; Total Religiosity = RCI-10 composite scale score; Intra-Religiosity = RCI-10 Intrapersonal subscale; Inter-Religiosity = RCI-10 Interpersonal subscale; Help-seeking = ATSPPH-SF; *p < .05. **p < .01. All tests are two-tailed.

Hypotheses Testing

Hypothesis 1a, which predicted that gender and marital status would be related to psychological distress, was tested using multiple hierarchical regression procedures. The standard multiple regression model (see Table 5) indicated that together gender and marital status explained 0.7% of the variance in distress, $F(2, 1198) = 4.4$, $p = .013$, *adj.* $R^2 = .006$. The effect size, however, was small according to standards established by Cohen (1988). Only gender was statistically significant to the prediction of distress ($\beta = .084$, $p = .003$, 95% *CI* [.012, .059]).

Table 5
Multiple Regression for Psychological Distress from Gender and Marital Status

Variable	B	SE_B	β
Constant	1.241**	.030	
Gender	.035*	.012	.084
Marital Status	-.006	.011	-.016

Note. N= 1201. *p< .05, ** p < .001. B= unstandardized regression coefficient; SE_B= Standard error of the coefficient; β= standardized coefficient.

It was also predicted that gender and marital status would be related to help-seeking (H1b). The multiple hierarchical regression model (Table 6) indicated that gender and marital status together explained 1.4% of the variance in help-seeking attitudes, $F(2, 1198) = 8.26$, $p < .001$., *adj.* $R^2 = 1.2$. Again, however, the effect size was small according to standards established by Cohen (1988). Gender alone was a statistically significant predictor of help-seeking ($\beta = -.116$, $p = .003$, 95% *CI* [.012, .059]). Based on the data analysis, hypothesis one was partially was supported, although the effect sizes were very small.

Table 6
Multiple Regression for Help-Seeking Attitudes from Gender and Marital Status

Variable	B	SE	β
Constant	3.484**	.159	
Gender	-.257**	.063	-.116
Marital Status	-.008	.056	-.004

Note. N= 1201. *p< .05, ** p < .001. B = unstandardized regression coefficient; SE_B= Standard error of the coefficient; β = standardized coefficient.

Hypothesis 2 predicted that psychological distress would be related to help-seeking attitudes among Latter-day Saint participants. The demographic variables, gender and marital status, were entered in step one of a hierarchical regression and then psychological distress was entered in step two (Table 7). Gender and marital status together (model 1) explained 1.4% of the variance in help-seeking attitudes. Psychological distress accounted for an additional 0.5% of the variance in help-seeking over and above that accounted for by the demographic variables (model 2), $\Delta F(1, 1197) = 6.55$, $p = .011$. Although the effect size was small according to standards established by Cohen (1988), the beta coefficients for gender ($\beta = -.11$, $p < .001$,) and psychological distress ($\beta = -.07$, $p = .01$) indicated that they were significant predictors, while marital distress was not a significant contributor ($\beta = -.006$, $p = .85$). Model 2 accounted for 1.9% of the variance, $\Delta F(3, 1197) = 7.72$, $p < .001$.

Hypothesis 3 predicted that religiosity would moderate the relation between distress and help-seeking attitudes among Latter-day Saint participants. Gender and marital status were entered into step one of the hierarchical regression equation, psychological distress was entered into step two, religiosity was entered into step 3, and the interaction between distress and religiosity was entered into step 4. In model 3,

gender, marital status, distress, and religiosity together explained 2.1% of the total variance in help seeking attitudes R^2 = .021, $\Delta F(4, 1196) = 6.3$, $p < .001$; *adjusted* R^2 = .017; however, examination of the beta weights revealed that only gender (β = -.11, p < .001) and distress (β = -.06, p =.05) were significant predictors. When the interaction term was added to the regression equation (model 4), it did not significantly increase the accounted for variance in help-seeking attitudes, ΔR^2 = .001, $\Delta F(1, 1196) = 1.27$, p = .26. The full model accounted for only 2.2 % of the total variance in help seeking attitudes R^2 = .022, $F(5, 1195) = 5.3$, $p < .001$; *adjusted* R^2 = .018. Gender (β = -.11, $p < .001$) and distress (β = -.16, p =.09) again were the most powerful predictors. Based on these findings, hypothesis 3 was not supported.

Table 7

Hierarchical Multiple Regression of Help-seeking From Gender, Marital Status, Distress, Religiosity, and Interaction.

	Help-seeking Attitudes								
							Standardized Coefficients		
Model	R^2	ΔR^2	F	p	ΔF	$p\Delta F$	β	t	p
1	.014	-	8.26	<.001	-	<.001			
Gender							-.120	-4.05	<.001
Marital Status							-.004	-0.15	.88
2	.019	.005	7.72	<.001	6.55	.011			
Gender							-.110	-3.80	<.001
Marital Status							-.006	-0.19	.85
Distress							-.070	-2.56	.01
3	.021	.002	6.3	<.001	2.01	.157			
Gender							-.110	-3.92	<.001
Marital Status							-.006	-0.22	.82
Distress							-.060	-2.00	.05
Religiosity							-.040	-1.42	.16
4	.022	.001	5.3	<.001	1.27	.26			
Gender							-.110	-3.90	<.001
Marital Status							-.005	-0.17	.87
Distress							-.160	-1.72	.09
Religiosity							-.330	-1.29	.20
Distress*Religiosity							.330	1.13	.26

Note. N= 1201.

CHAPTER 4

DISCUSSION

This study's purpose was to increase understanding of the relations between gender, marital status, religiosity, psychological distress, and help-seeking attitudes among Mormons. It was predicted that gender and marital status would be related to psychological distress and to help-seeking behavior, that psychological distress would predict help-seeking attitudes above and beyond what is predicted by gender and marital status, and that religiosity would moderate the relation between distress and help-seeking attitudes among Latter-day Saint individuals. For the interaction effect, it was expected that individuals who experienced high distress and low religiosity would be more likely to seek help than individuals with high distress and high religiosity.

Distress, Gender, and Help-Seeking

The current findings indicated that hypothesis one - gender and marital status would be related to psychological distress and to help-seeking - was partially supported with gender being the most significant variable associated with distress and with help seeking. Although together gender and marital status were related to psychological distress, gender alone was the statistically significant predictor. As noted by previous researchers, the probability of experiencing higher psychological distress is higher for females than for males (Jokela et al., 2001; Wong et al., 2012).

This finding can be explained in part by the items on the K-10. Specifically, items asked about the emotional experiences of participants within the "past four weeks". As described by Martin, Neighbors, and Griffith (2013) and Sigmon et al. (2005), males may underreport feeling depression and anxious symptoms (emotions) and gender differences

in symptom expression exist, with men more prone to report risk taking, anger, and irritability. It is possible that the current finding of lower distress among males is a result of underreporting. It is also possible, however, that depression and anxiety are truly more prevalent among females as has been reported in previous research (Andrews et al., 2001; American Psychiatric Association, 2013; Kessler et al., 2002; Koopmans, & Lamers, 2007; Urbán et al., 2014). Therefore, scores on the K-10 may have accurately reflected a gender difference in psychological distress.

Similar to the previous finding regarding gender being related to distress, the current study found that together gender and marital status were related to help-seeking; however, gender was the only statistically significant predictor with females having more positive attitudes towards help seeking. This finding is similar to what has been reported in other research on gender and help seeking attitudes (Kuo et al., 2006; Lucas & Berkel, 2005; McCarthy & Holliday, 2004). This gender difference also aligns with what is known about the psychosocial development of males and females (Eisenberg, Martin, & Fabes, 1996; Feldman, 2017; O'Neil, 1981). Researchers have consistently reported that men who display rigid characteristics of masculinity express negative attitudes towards help-seeking (McKelley & Rochlen, 2010; Sánchez et al., 2013; Vogel, et al., 2011; Williams et al., 2001). This may be due to perceptions that these rigid traditional masculine behaviors and identity may cause inner turmoil for a distressed male who recognizes the benefits of help seeking but also holds a belief that seeking help demonstrates weakness and would disgrace or emasculate him (Wahto & Swift, 2016). This further supports the belief that the social training related to male emotions determine the help-seeking attitudes men hold. Ample evidence from prior studies on gender and

distress indicates that gender effects on help-seeking lose influence as distress increases (Nezu & Nezu, 1987; Norcross & Prochaska, 1986; Sheffield et al., 2004; Vogel & Wei, 2005). In other words, gender differences are most pronounced in less-distressed populations; however, as distress increases, masculine prejudice towards help seeking washes out, and both males and females report similar willingness to seek help. It should also be noted that the gender related findings may also be explained by traditions in the Latter-day Saints church itself. The church actively encourages traditional gender roles and schemas for men and women. It is not surprising, therefore, that the Latter-day Saint males in the current study reported lower distress scores and less willingness to seek help than did the Latter-day Saint females.

The current study findings supported the prediction that gender and psychological distress would be related to help-seeking attitudes among Latter-day Saint participants, although the accounted for variance was quite small. It should be remembered that while gender differences in help seeking attitudes were found, the sample was considered less distressed overall, and those with higher distress were also more open to seeking professional counseling.

Effect of Religiosity

Finally, the third hypothesis predicted that religiosity would moderate the relation between distress and help-seeking attitudes among Latter-day Saint participants. This was not supported by the data. The results of the regression model contradicted the correlational findings of a positive relation between religiosity and distress and of a negative relation between religiosity and help-seeking. The regression model revealed that the full model - gender, marital status, distress, and religiosity - predicted help

seeking; however, neither marital status, religiosity, nor the interaction of religiosity and distress were significant predictors.

The current study also lends support to the findings of McIntosh et al., (2011) who reported that increased religiosity did not decrease psychological distress. However, while Latter-day Saints reported varying levels of religious commitment and distress and a positive correlation was found between the two factors, a causal relation cannot be claimed. In the current study, Latter-day Saint religious commitment alone did not appear to have a significant interaction effect with distress or main effects on help-seeking attitudes. Evidence for this was found as the variable of religious commitment dropped out of the hierarchical model, and there was no significant moderating effect between distress and religiosity on help-seeking.

The current study reflects similar research conducted with other religious people. For example, Miller and Eels (1998) suggested that the effect of religiosity was uncertain on help-seeking in their Protestant sample. Likewise, examining a sample of 2,285 Filipino-Americans of Catholic and Evangelical denominations, Abe-Kim et al. (2004) found that specific denomination did not have an impact on help-seeking probability, but religious individuals were inclined to turn first to religious resources such as their minister and then, depending on the issue at hand, were open to referrals for professional counseling. The Latter-day Saint participants in the current study reported similar preferences, where 89% reported they would seek professional counseling if their bishop referred them, and 67% indicated a high preference for a counselor who was informed about Latter-day Saint beliefs and practices.

More recently, Allen and Hill (2014) found that while Latter-day Saint ecclesiastical leaders held favorable views of mental health professionals generally, they were more comfortable referring their congregation members to therapists affiliated with the church to mitigate biases. Previously, Lyon (2013) asserted that Latter-day Saints experiencing distress would seek professional counseling only as a last resort. The current study and the work of others with both Latter-day Saint specific populations (Allen & Hill, 2014; Rasmussen et al., 2013) as well as more general Christian and Jewish communities (Abe-Kim et al., 2004; Kloos, et al., 1995) suggest a referral system that religious communities generally utilize: to seek help first from peers, kin, and religious leaders and then from professional mental health providers. This frames professional help-seeking among religious people not as a frantic eleventh hour recourse but rather as a deliberate community referral process. This also supports the work of Vogel et al. (2007) who indicated that individuals typically seek counseling after knowing someone who has utilized it or after being referred by others to counseling.

Limitations

Several limitations to this study should be noted. First, the data were gathered online, and the measures were self-reported. An inherent limitation to online data surveys is that responses are subjective and anonymously self-reported. This may have allowed psychological distress or cultural expectations of religiosity to cause underreporting in areas that may have been viewed as potentially tarnishing the image or reputation of the respondent, their religion, community, or faith or overreporting to make one's faith appear stronger. For example, the Latter-day Saint specific religiosity measure (DOR) was so negatively skewed it could not be transformed and analyzed to

test the study hypotheses. Second, participants' scores on all of the study instruments were skewed and had to be transformed to meet the assumptions of normality for the statistical tests. Third, the study was cross-sectional, and as data were gathered at only one point in time, it is unknown if the reported distress, religiosity, or attitudes towards professional help seeking and the interaction of religiosity and distress were stable attributes in these respondents. Fourth, demographic characteristics of the sample limit generalizability since the participants were disproportionately White, heterosexual, female, and married. Furthermore, information on two potentially relevant demographic variables, income and age, were inadvertently not obtained. Therefore, their relation to the study variables could not be examined. Since the Church of Jesus Christ of Latter-day Saints has not released any demographic data for its membership, whether the current sample is representative of Mormons cannot be determined. Future studies on distress and professional help-seeking among Latter-day Saint individuals would benefit from using a mixed design, where researchers could gather subjective qualitative data through interviews and longitudinal quantitative data at multiple points in time to assess the stability of the characteristics being measured. Finally, future studies would benefit from using both a behavioral and emotion-focused measure of distress and from asking about helping-seeking within the structure of the church as well as from mental health professionals.

Conclusions

The present study on Mormons, whose theology and history are distinct from other Christian denominations, demonstrate similarities with previous findings related to psychological distress and help-seeking attitudes among other religious people (Abe-

Kim, Gong, & Takeuchi, 2004; Kloos, et al. 1995). While the effect size was small, the current study corroborated prior research indicating that willingness to seek help from a counseling professional is related to the distress that the person experiences (Sheffield et al., 2004). Given the opposing findings between the regression and correlation findings cited above, the current study was unclear on the relation of Mormon religious commitment to help-seeking and its interactions with distress. It may be that religion contributes to personal and social systems of support for those who engage it (Wang et al., 2016) which lends support to previous work (Allen & Hill, 2014; Merrill & Salazar, 2002; Rasmussen et al., 2013) that within the Latter-day Saint religious community, there is a cultural referral process that can facilitate engagement in professional counseling. Implications for counseling professionals are two-fold. First, it is recommended that church leadership explore a partnership with mental health professionals to train clergy, including church bishops, in basic counseling skills, similar to peer-counseling. With Latter-day Saints clergy being in a position to provide guidance and referrals to counseling, it is inevitable that pastoral counseling occurs. With an understanding of mental health issues and the peer-counseling process, Latter-day Saints clergy could more fully engage their positions and effectively refer their congregation. Further, this partnership between clergy and professional mental health counselors may provide increased multicultural interactions and competency for professional counselors. Second, counselors may utilize this research to understand their Mormon clients from a multicultural perspective. Multicultural sensitivity and competency are stressed in the APA (2010, Principle E) and ACA (2010, C.5, E.8) ethical codes. Religiosity is included in multicultural identity and shapes the relationships, sense of self, and behavior of

Latter-day Saints. According to Bartoli (2007), clients are aware of the micro-reactions a counselor has to matters of faith and how safe it is to approach this topic in therapy. Counselor competency has direct implications related to the therapeutic alliance for distressed religious individuals such as a Latter-day Saint who is seeking help. Ecclesiastical preference for a Latter-day Saint to utilize a practitioner familiar with Mormon religious culture and values is reflected in prior research, and the official recommendations of the church (Handbook 1, 2010). This is due to the perception that counseling values are rather unfriendly towards traditional, conservative, religious beliefs and, hence, stigmatize or pathologize theophany or other religious experience (Bergin, 1992). Additionally, as Bartoli (2007) succinctly stated, "psychotherapists do not simply receive a lack of training in the area of religion and spirituality, but, in many cases, they have inherited a skepticism vis-à-vis religious and spiritual issues" (p. 57). This view was crystalized in the writings of Power (2012), who in his atheist argument *Adieu to God* explored why the field of psychological science drives one to atheism and diagnosed Mormon founder Joseph Smith as charming, gifted, fraudulent, and ultimately psychopathic. Too often, published statements such as these can be generalized as the perception of the entire counseling field rather than of one individual, and as such, may deter Mormons from seeking help from a professional counselor.

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APPENDIX A

IRB APPROVAL

EXEMPTION GRANTED
Sharon Kurpius
CISA: Counseling and Counseling Psychology
480/965-6104
sharon.kurpius@asu.edu

Dear Sharon Kurpius:
On 3/6/2017 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Relations between Psychological Distress, Religiosity, and Attitudes towards Mental Health Help-seeking among Mormons.
Investigator:	Sharon Kurpius
IRB ID:	STUDY00005833
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• Measures, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Kurpius & Abegg flyer, Category: Recruitment Materials; • Kurpius & Abegg participation request , Category: Recruitment Materials; • Kurpius & Abegg Informed Consent , Category: Consent Form; • Abegg CITI 2015 , Category: Non-ASU human subjects training (if taken within last 3 years to grandfather in); • Kurpius & Abegg Study Protocol, Category: IRB Protocol; • Kurpius CITI 2013, Category: Non-ASU human subjects training (if taken within last 3 years to grandfather in);

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 3/6/2017. In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).
Sincerely,
IRB Administrator
cc:Dane Abegg

APPENDIX B

MEASURES

Demographic Questions
Are you over 18? Yes/No

Do you consider yourself to be Mormon? Yes/No

Education Level: HS, GED, Some college, college, grad level

Gender: M F T Other

Employed: Full time Part-time None

Orientation: Straight LGBTQ

Ethnicity: Hispanic African American or Black American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander Two or More Ethnicities

Unknown /other Ethnicity White Caucasian European Asian Other

Relationship Status: Married Divorced Widow/Single Separated

Do you have children? Yes No

Have you ever participated in counseling for emotional, behavioral, relationship, or other psychological issues? Yes No

Likert Scale: 1= not at all, 5= very likely How likely are you to use a therapist or psychological counselor for issues related to:

- Romantic Relationship
- Addiction
- Parenting or Family interactions
- Career changes
- Individual child behavior
- Existential/ Meaning of Life
- Self-betterment
- Anxiety or depression

Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS-SF)
Likert Scale: 0 = Disagree; 1 =Partly disagree; 2 = Partly agree; 3 = Agree; 4= Strongly Agree

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
2. The idea of talking about problems with a psychological counselor strikes me as a poor way to get rid of emotional conflicts.
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
5. I would want to get psychological help if I were worried or upset for a long period of time.
6. I might want to have psychological counseling in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.
10. Personal and emotional troubles, like many things, tend to work out by themselves.

Kessler Psychological Distress Scale (K10)

These questions concern how you have been feeling over the past 30 days. Please select the answer that is correct for you: Likert Scale: All of the time = 5 Most of the time = 4 Some of the time = 3 A little of the time = 2 None of the time = 1

1. In the past 4 weeks, about how often did you feel tired out for no good reason?
2. In the past 4 weeks, about how often did you feel nervous?
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?
4. In the past 4 weeks, about how often did you feel hopeless?
5. In the past 4 weeks, about how often did you feel restless or fidgety?
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?
7. In the past 4 weeks, about how often did you feel depressed?
8. In the past 4 weeks, about how often did you feel that everything was an effort?
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?
10. In the past 4 weeks, about how often did you feel worthless?

The Religious Commitment Inventory-10 (RCI-10)

To what extent do you agree with the following statements? 5-point Likert Scale: 1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree; 4 = agree; 5 = strongly agree

1. I often read books and magazines about my faith.
2. I make financial contributions to my religious organization
3. I spend time trying to grow in understanding of my faith.
4. Religion is especially important to me because it answers many questions about the meaning of life.
5. My religious beliefs lie behind my whole approach to life.
6. I enjoy spending time with others of my religious affiliation.
7. Religious beliefs influence all my dealings in life.
8. It is important to me to spend periods of time in private religious thought and reflection.
9. I enjoy working in the activities of my religious organization.
10. I keep well informed about my local religious group and have some influence in its decisions.

Latter-day Saints Culture and Religious Demographics

1. As a Mormon, would you identify yourself as: Active, Less Active, Inactive, Disaffected/ disaffiliated, Excommunicated
2. Were you sealed in the Temple? Yes No
3. Do you have a Church calling? Priesthood Leadership, Auxiliary Leadership, Sunday or Primary Teacher, Temple Related, Other
4. Have you served an Latter-day Saints mission? Yes No No, but I plan to
5. Have you experienced a crisis of faith? Yes No
6. I consider myself worthy to participate in temple ordinances
7. Church Leaders do a good job of referring members to psychological counseling for issues outside of spiritual concerns
8. I would prefer to work with a therapist that understands religions views

9 If my bishop or church leader referred me to counseling, I would go

Dimensions of Latter-day Saints Religiosity (DOR)
Please choose the option that best describes your beliefs:

5-point Likert Scale: 1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree;

4 = agree; 5 = strongly agree.

Particularistic Orthodoxy

- The president of the Latter-day Saints Church is a prophet of God.
- The Book of Mormon is the word of God.
- The Church of Jesus-Christ of Latter-day Saints is the only true church on earth.
- Joseph Smith actually saw God the Father and Jesus Christ.